

Name  
in  
Full

Busha Ayer  
near Centreville

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of death 1905	Sept	15	Age 2	3	
Sex	Female	Color or Race	Black	J. A. 60	J. A. 60
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Webster Ayers			Father's Birthplace	J. A. 60
Mother's Maiden Name				Mother's Birthplace	J. A. 60
Name of person giving information	Francis Ayers			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Summer complaint

How long

3 months

Immediate



Noye  
Centreville Md

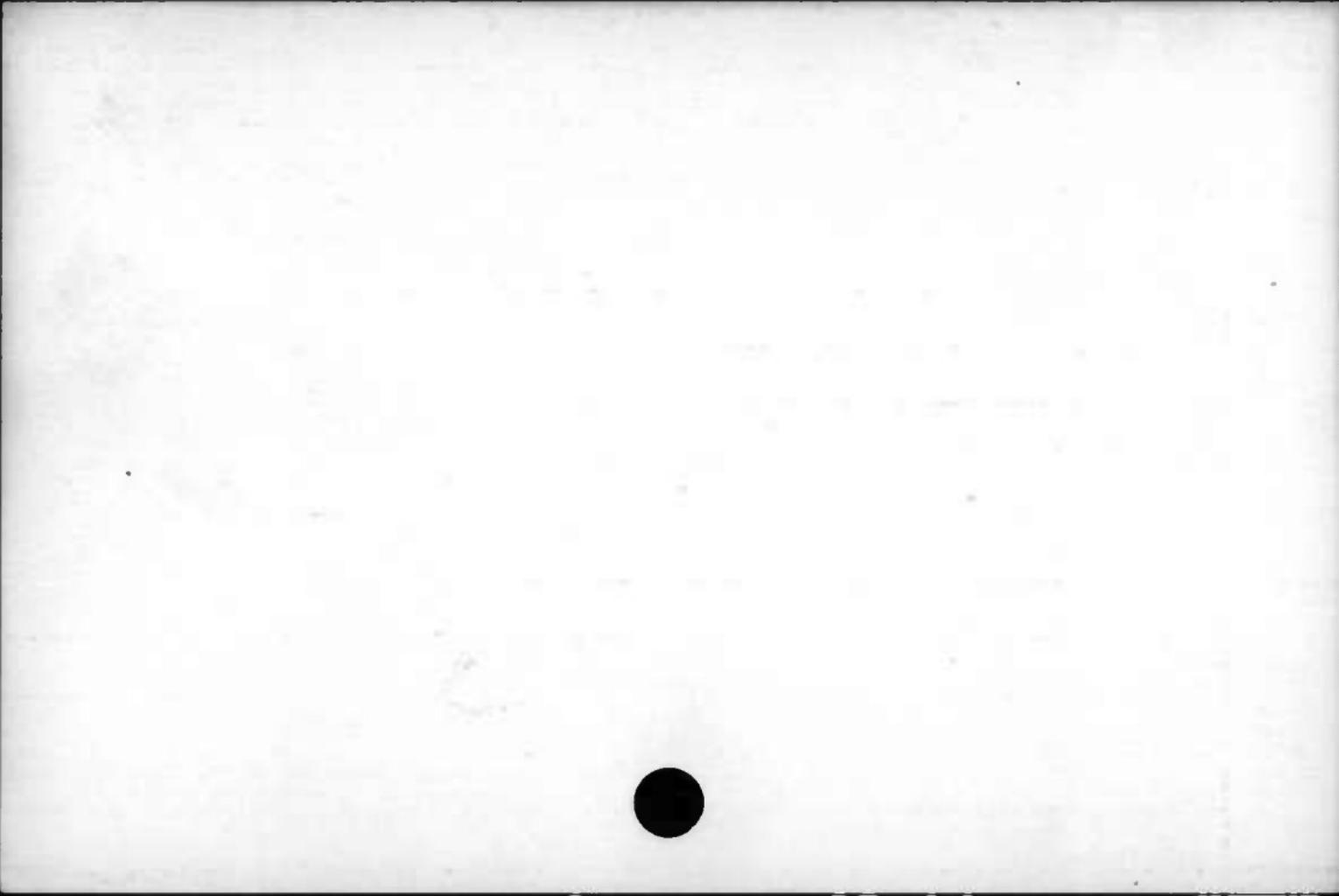
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Jos. G. Dawson

Accident or Suicide?



Name  
in  
Full

George Allen Brown

CERTIFICATE OF DEATH

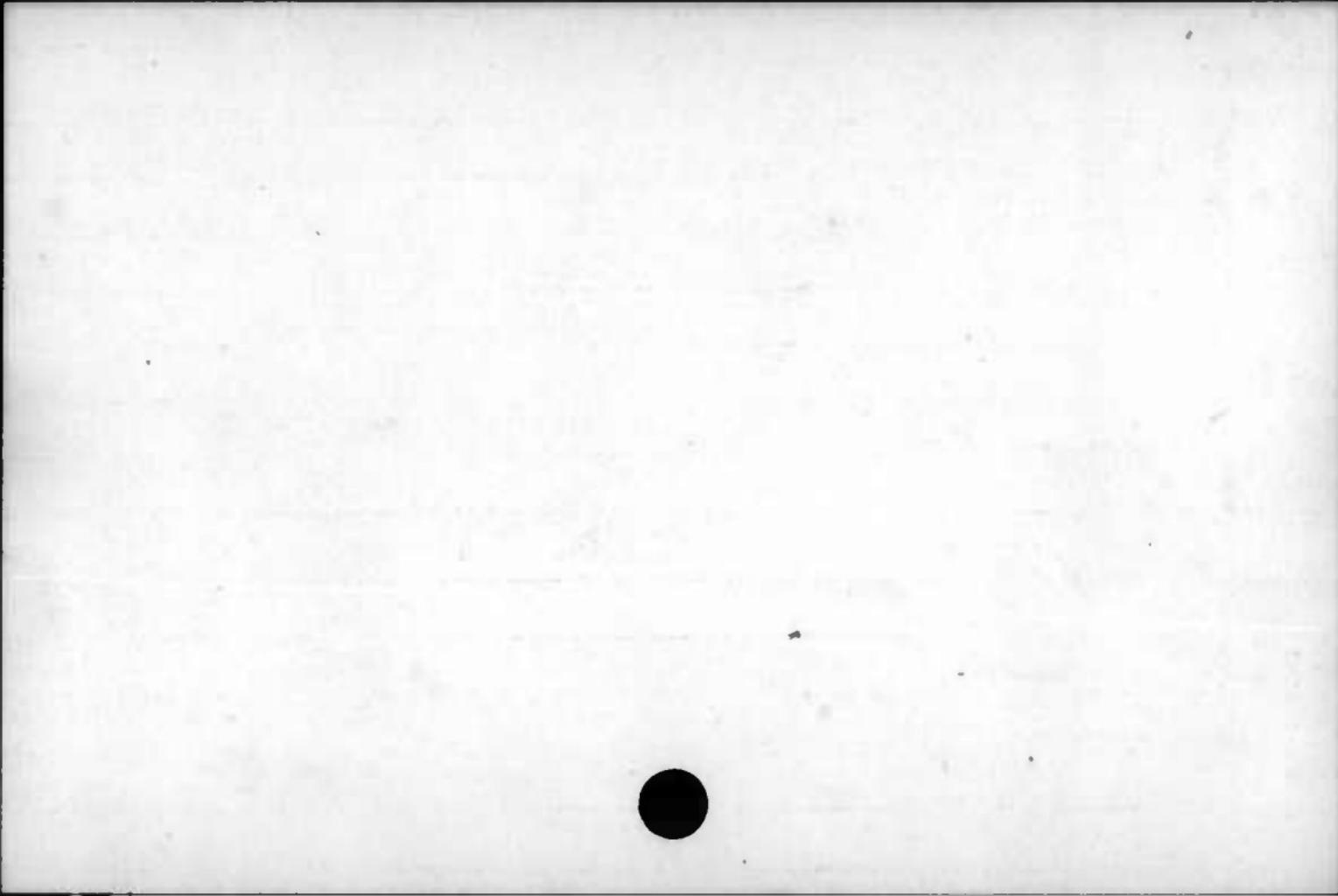
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Baltimore	County Anne	MARYLAND		
Date of death 1905	Month 9	Day 29	Years —	Months 4	Days 0
Sex Male	Color or Race	Birth-place Baltimore			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George A Brown	Father's Birthplace	Md		
Mother's Maiden Name	Mary Elvick	Mother's Birthplace	"		
Name of person giving Information	George A Brown	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Feeding	How long
Immediate	Cholera Infantum	How long several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Froley Sudler
		Address Sudlersville
Accident or Suicide?	Md	



Name in Full

Certificate of Death

Sadie

Town

Chester

elough

County

Meen aunes

MARYLAND

Died at

Y.

M.

D.

Native of

Occupation

Date 905 Month Sept. Day 13

Age —

Married

Widow

2 A. Co. Housewife

Divorced

Female

Child

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

General Arthritis

Accident, Suicide, Homicide

Reported by

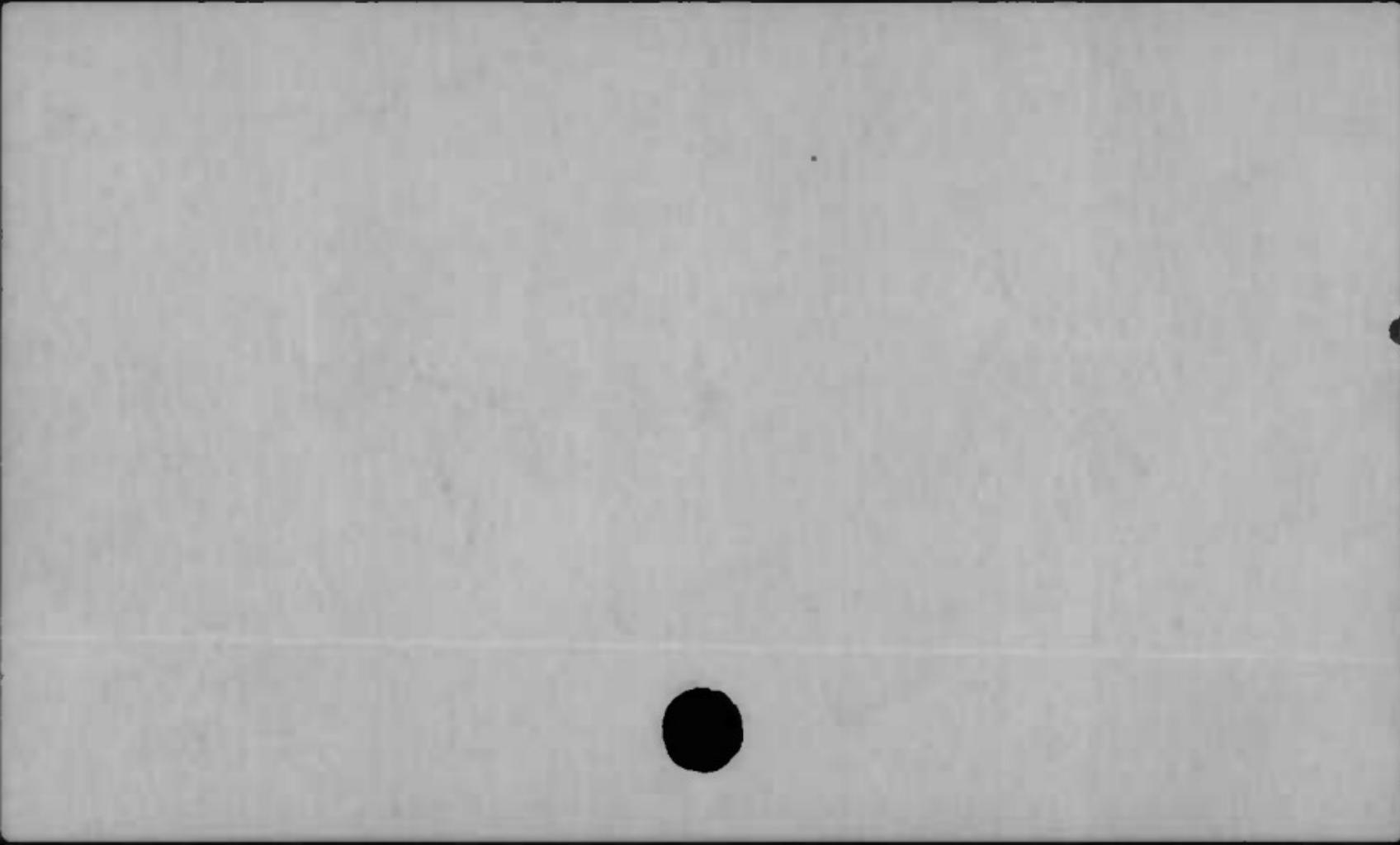
Walker E Murphy

Address

Stevensville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Sketcher J Devinish

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	37	Eight 1
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Alice D Devinish		
Father's Name	John J Devinish			
Mother's Maiden Name	Margret Benton			
Name of person giving information	Alice D Devinish			

CAUSES OF DEATH

Primary

Gastro - Enteritis (105)

How long

1 1/2 years

Immediate

Exhaustion

How long

3 months

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

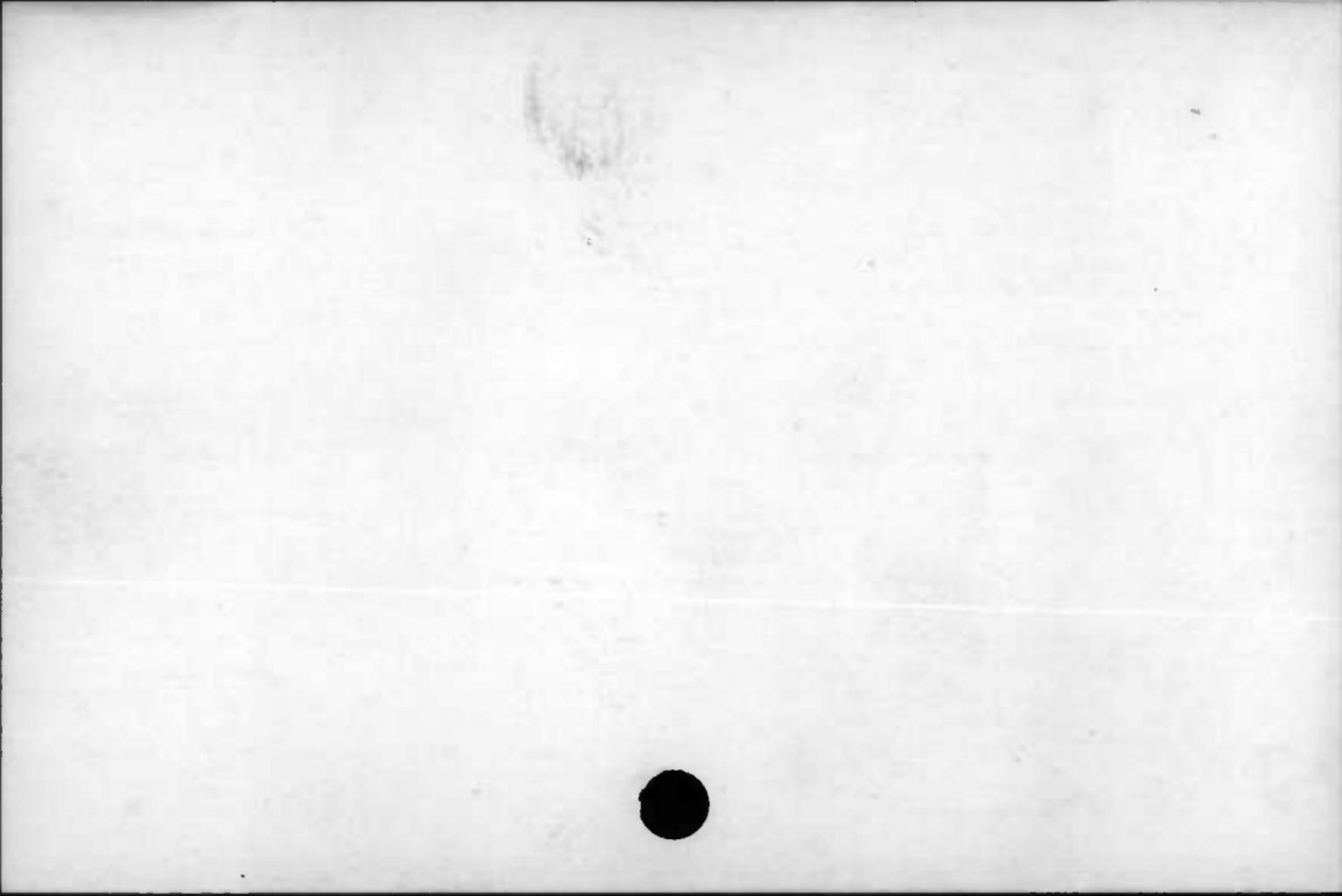
Signature of Physician

Address

Hospital Suds

Sudlersville  
Md

Accident or Suicide?



Name  
in  
Full

Edward Dill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Sept.	1	Age	6	
Sex	Male	Color or Race	white	Birth-place	near Centreville
Occupation	none	Where Residing if not at place of death	near Centreville		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	W. C. Dill	Father's Birthplace	Z. A. Co		
Mother's Maiden Name	Clara Shashay	Mother's Birthplace	Delaware		
Name of person giving Information	W. C. Dill	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Malnutrition (151)

How long

4 weeks

Immediate

Marasmus

How long

1 day

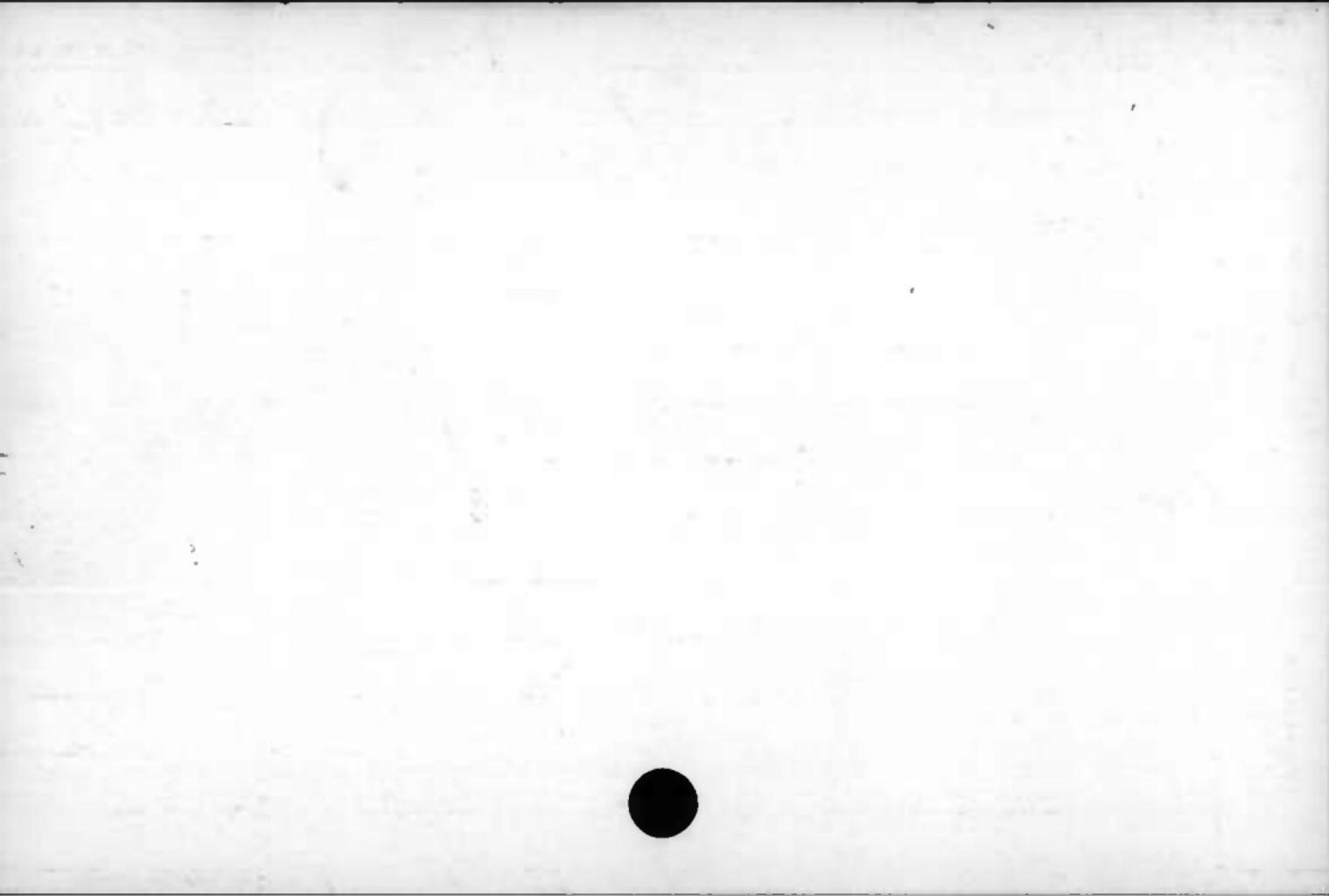
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Deerleville MD

Accident or Suicide?



Name  
in  
Full

Infant

Frazier (N. M.)

## CERTIFICATE OF DEATH

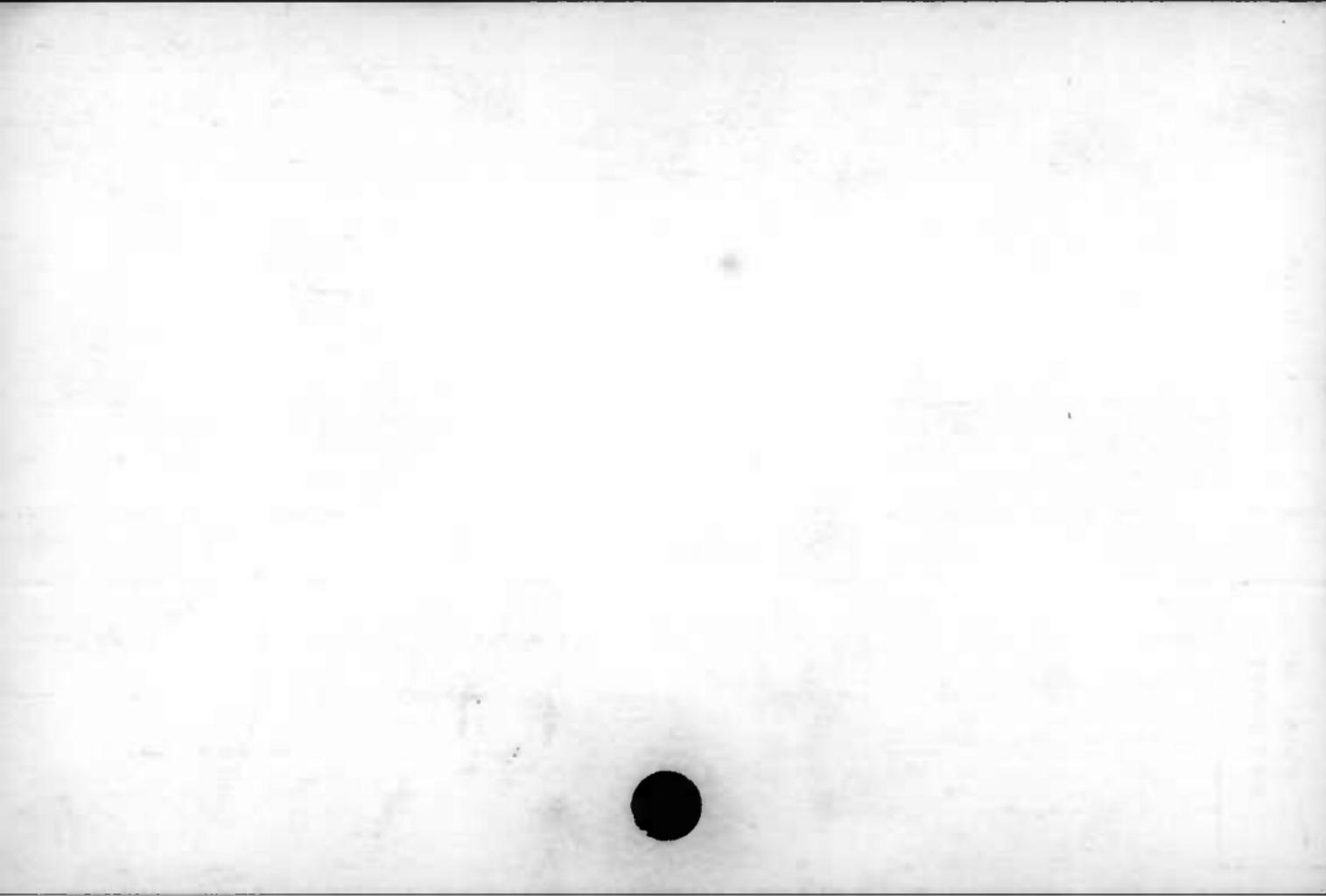
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	near Centreville	Queen Anne's Co			
Date of death	Month	Day	Years	Months	Days
1905	9	17	—	—	7
Sex	male	Color or Race	Negro	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Frazier		Father's Birthplace	Virginia	
Mother's Maiden Name	Henrietta Halliday		Mother's Birthplace	Md.	
Name of person giving Information	Edward Frazier		How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Trismus Serratorum		How long	7 days
Immediate	Paralysis		How long	2 + Years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Das Boardley M.D.	
yes		Address	Centreville Md.	
Accident or Suicide?				



Name  
in  
Full

Philip P. Frazier

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Burrieville	Queen Anne's	
Date of death	Month	Day	Years
19	9	17	32
Sex	Color or Race	Age	Months
male	nigro	32	—
Occupation	Where Residing if not at place of death	Birth-place	
Laborer	—	2.A. Co. Md.	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Widower	John Frazier	John Frazier	
Mother's Maiden Name	Lizzie	Mother's Birthplace	
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

Several Mo

Immediate



How long

Are the name, age, sex, color, date  
and place correctly given above?

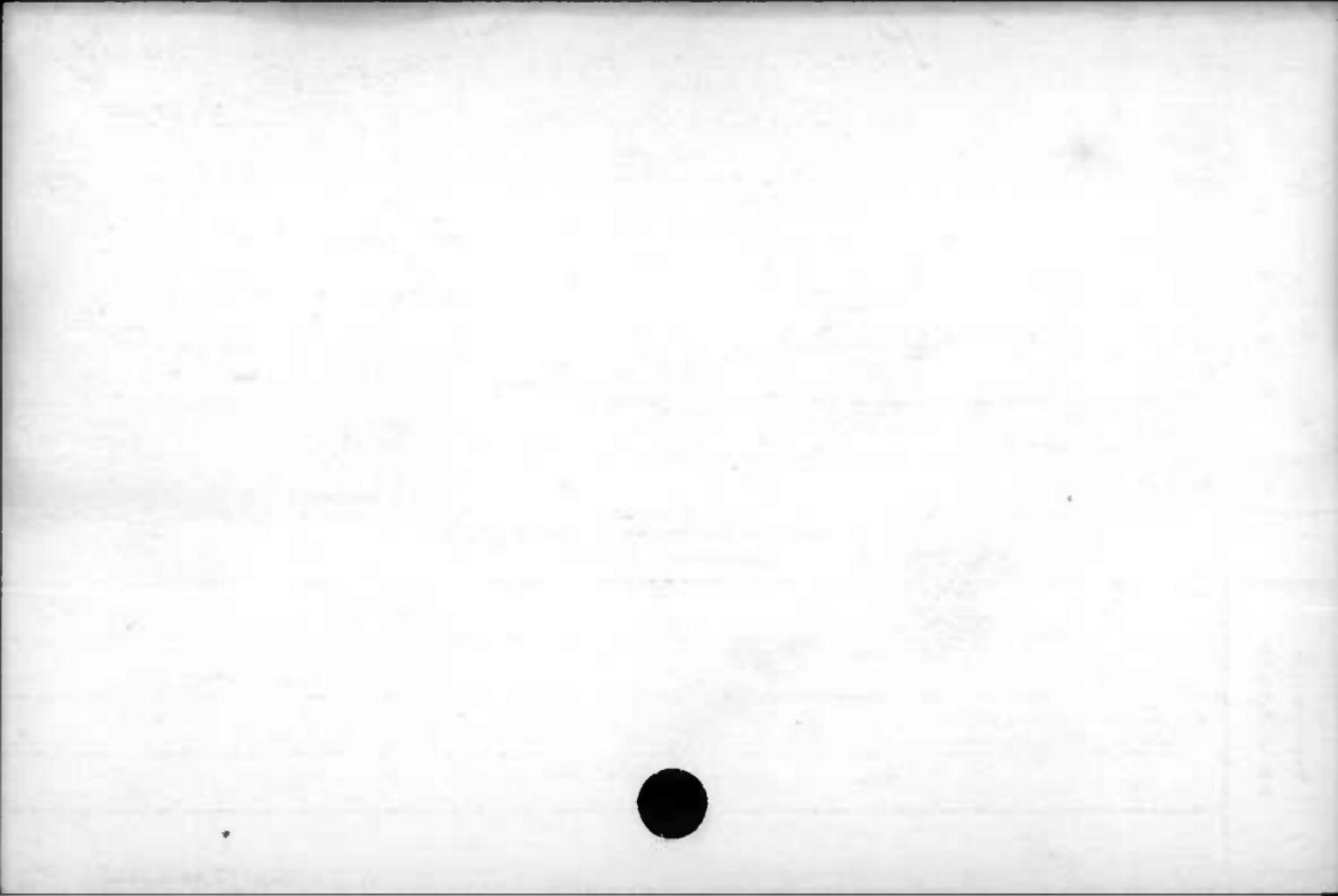
yes

Signature of  
Physician

Address

Roll M. Eddins' Undated  
Burrieville Md

Accident or Suicide?

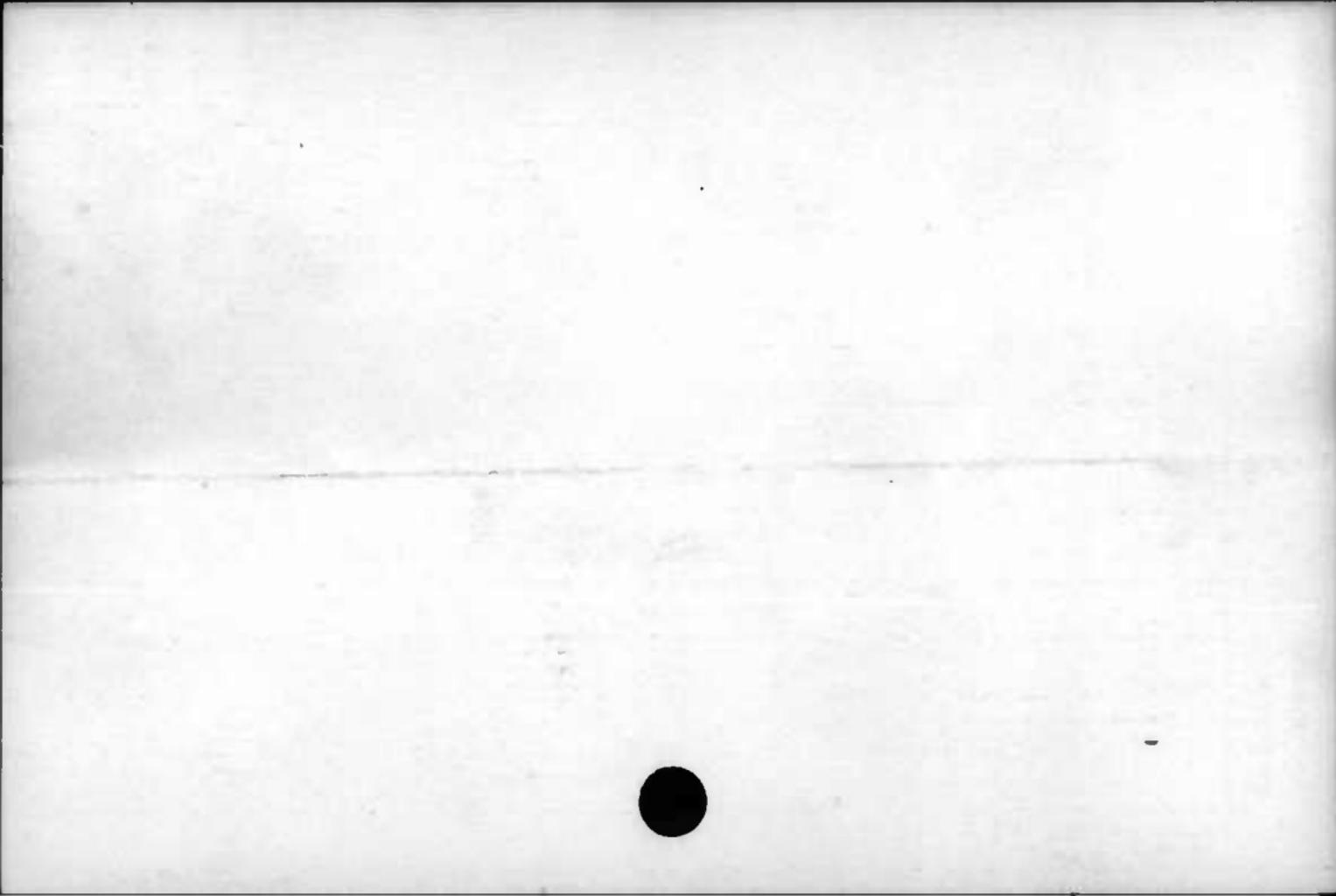


Miss Emma 13 Hart

## CERTIFICATE OF DEATH

Died at Sudlersville		County Queen Anne		MARYLAND	
Date of death 1903	Month 9	Day 26	Years Age 17	Months	Days 26
Sex Female	Color or Race White			Birth-place Md	
Occupation		Where Residing if not at place of death "			
<del>Married, Single or Widower</del>		Name of Wife or Husband			
Father's Name	Chas R Hart			Father's Birthplace	Md.
Mother's Maiden Name	Maggie A Price			Mother's Birthplace	"
Name of person giving information	Chas R Hart (27)			How related to deceased	Father
CAUSES OF DEATH					
Primary	Tuberculosis of lungs and bones			How long	One year
Immediate	"			How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Walter Sudler
				Address	Sudlersville Md

Accident or Suicide?



Name  
in  
Full

Raphael Heath  
Neft Town  
Centreville

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Gertrude Heath	
Father's Name	Jesse Heath	Father's Birthplace	J. A. Co
Mother's Maiden Name	Julia Green	Mother's Birthplace	J. G. Co
Name of person giving information	Julia Heath	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eupenmia	How long	6 months
Immediate	Oxymia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John W. Heath
		Address	Centreville Md
Accident or Suicide?			



Name  
in  
Full

Pearl Hick

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Howard Hickes		Father's Birthplace	Millington <sup>part</sup> Md		
Mother's Maiden Name	Mary Carroll		Mother's Birthplace	Green Ave. Md		
Name of person giving information	Father Howard Hickes		How related to deceased	Father		

CAUSES OF DEATH

Primary

Convulsions

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

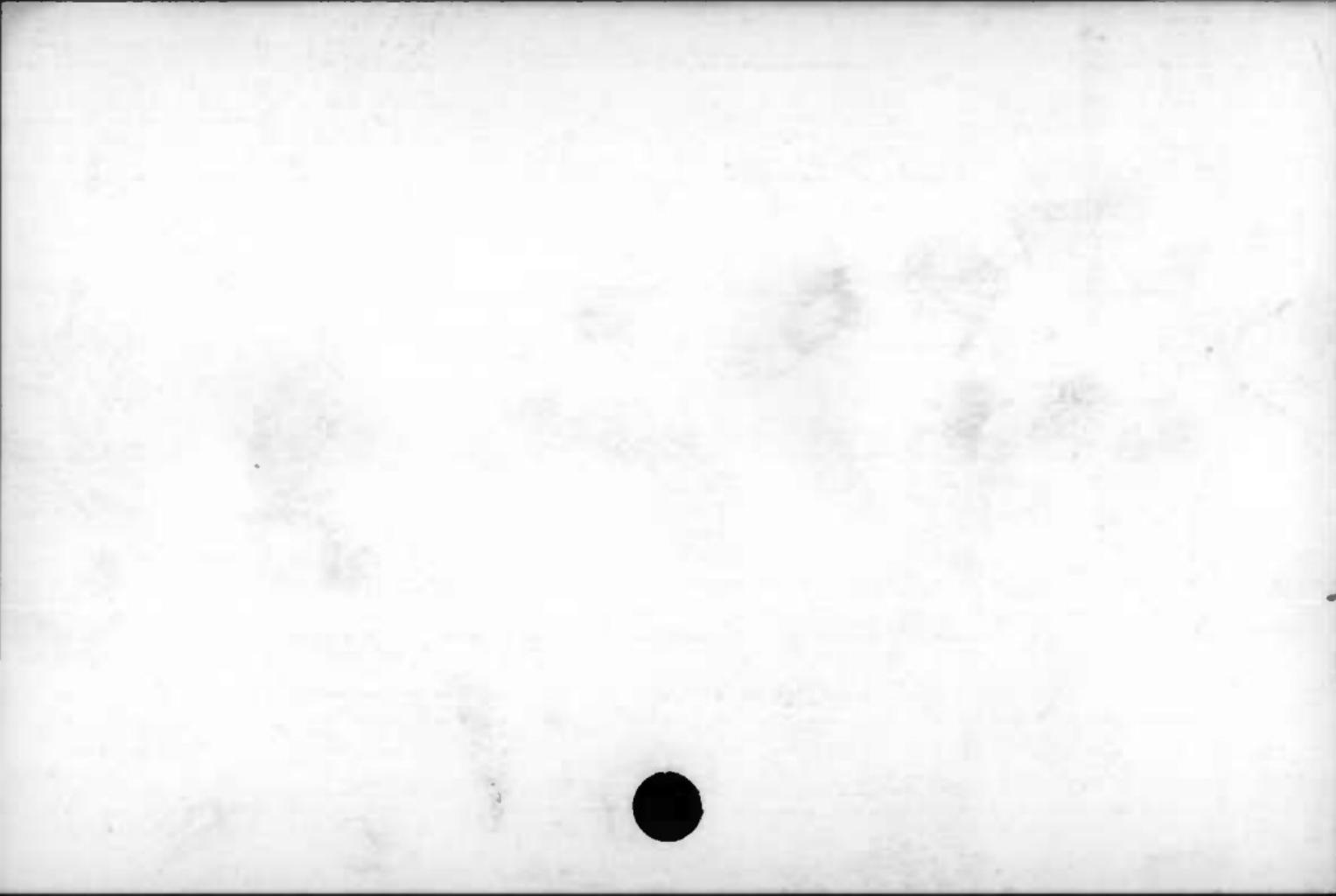
Signature of Physician

Address

Dr W H Jacobs  
Millington Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONEREugine Howard  
Culverelle

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
1903	9	23	Age	7	
Sex	Female	Color or Race	Black	Birth-place	Culverelle
Occupation	Nursing		Where Residing if not at place of death	Place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	John Knobell				
Mother's Maiden Name	Mary G. Dauby				
Name of person giving information	Julia Dauby				

## CAUSES OF DEATH

Primary

Malaria

(11)

How long

7 month

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Montgomery  
Culverelle  
Maryland

Accident or Suicide?

no



Name  
in  
Full

Elizabeth -o. Lanham

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Sudsville	County	Fair Anne	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	9	21	57			
Sex	Female	Color or Race	white	Birth-place	Maryland	
Occupation	Housewife					Where Residing if not at place of death
Married, Single or Widowed	Grafton S Lanham					"
Father's Name	Philip Parks					Father's Birthplace
Mother's Maiden Name	Mariah Cook					Mother's Birthplace
Name of person giving information	Grafton S Lanham					How related to deceased

CAUSES OF DEATH

Primary

Heart and complications

How long

Several Years

Immediate

Heart trouble

How long

Half hour

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

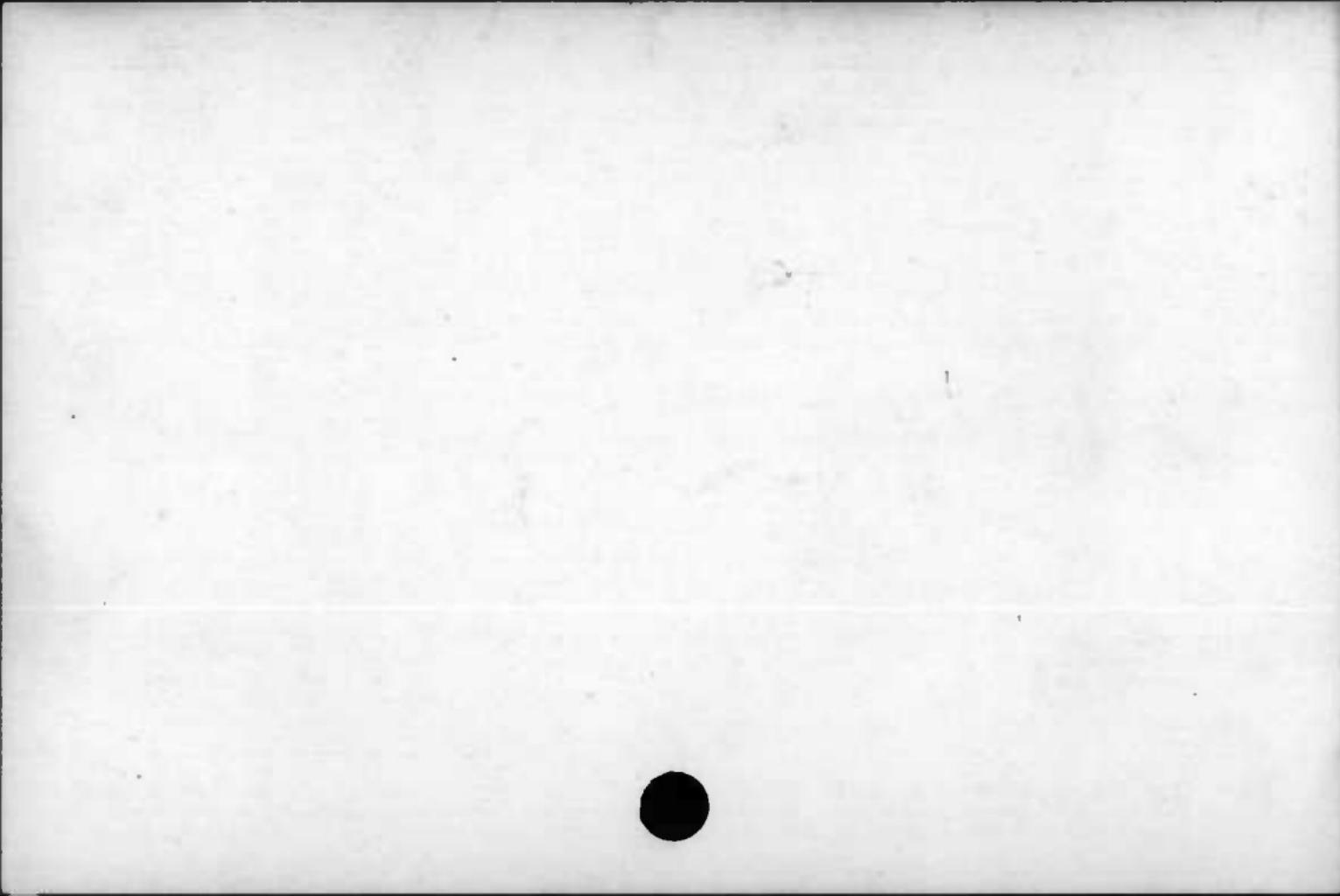
Signature of Physician

Address

Foster Suds

Sudsville Md

Accident or Suicide?



Name  
in  
Full

Frank & Edward Leiby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at Browns Corner	Month	Day	Years	Months	Days
Date of death 1908	9	21	Age		
Sex male	Color or Race white	Birth-place Browns Corner			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Leiby				Father's Birthplace Pa.
Mother's Maiden Name	Gurtrade White				Mother's Birthplace Q.A.Ca.
Name of person giving information	Edward Leiby				How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dead Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

John Thomas Minch

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town New Churchville	County Lacoo	MARYLAND	
Date of death	Month 1905 Sept	Day 13	Years Age	Months 7	Days 7
Sex Male	Color or Race White	Birth-place New Churchville			
Occupation:	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Henry A Minch	Father's Birthplace Baltimore Md				
Mother's Maiden Name Mrs. Ernest	Mother's Birthplace Germany				
Name of person giving Information John A Minch	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Infection  
exhaustion

151

How long

2 days

Immediate

exhaustion

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

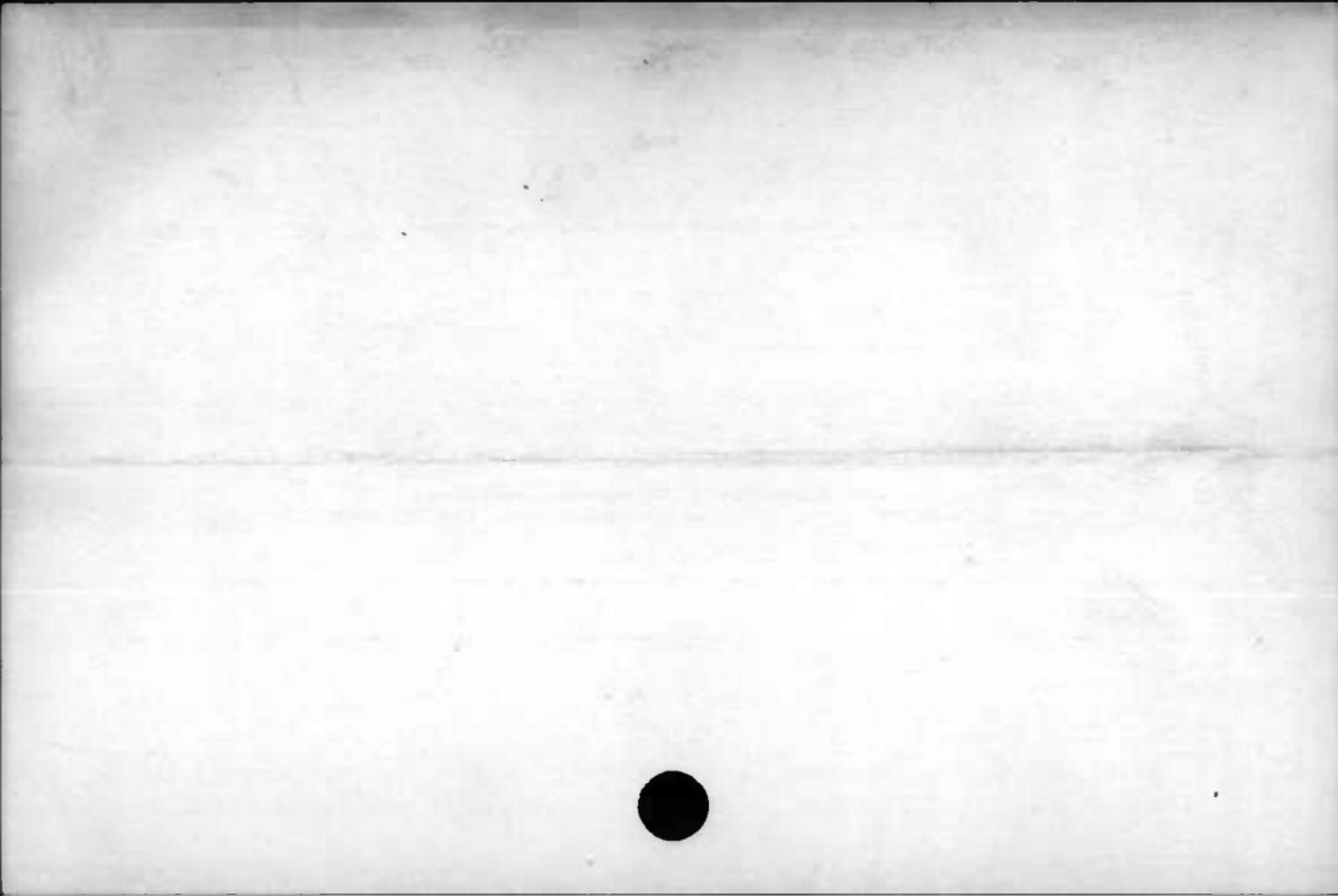
Yes

Signature of  
Physician

Address

Dr N. S. Dudley  
Church Hill  
Maryland

Accident or Suicide?



*Esther Price*

Town

Alma House

County

Queen Anne's Co.

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

240 C

Occupation

servant

Date 1905

Sept 17

Age 80

"

-

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

No Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Old Natural Decay

How long sick

Death

immediate

Accident, Suicide, Homicide

Reported by

Dr. Lester &amp; Dr. Norton

Address

Centreville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Frank Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Rich Neck		Town	Q. A.		County	MARYLAND	
Date of death	Month	Day		Years	Age	39	Months	Days
Sex	Male	Color or Race	Color			Birth-place	Md	
Occupation	Farm hand		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Gibbs					
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving Information	Mary E Gibbs Thomas			How related to deceased		wife		

CAUSES OF DEATH

Primary	Acute miliary tuberculosis		How long	Don't know	
Immediate	Exhaustion		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. G. Dempsey	
			Address	Chestertown, Md	
Accident or Suicide?		No			



Name  
in  
Full

Benj Ward Sr

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mrs Jane McDonald			
Father's Name	Daniel Ward				
Mother's Maiden Name	South Knoll				
Name of person giving information	Benj Ward Jr.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dropsy



How long

10 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

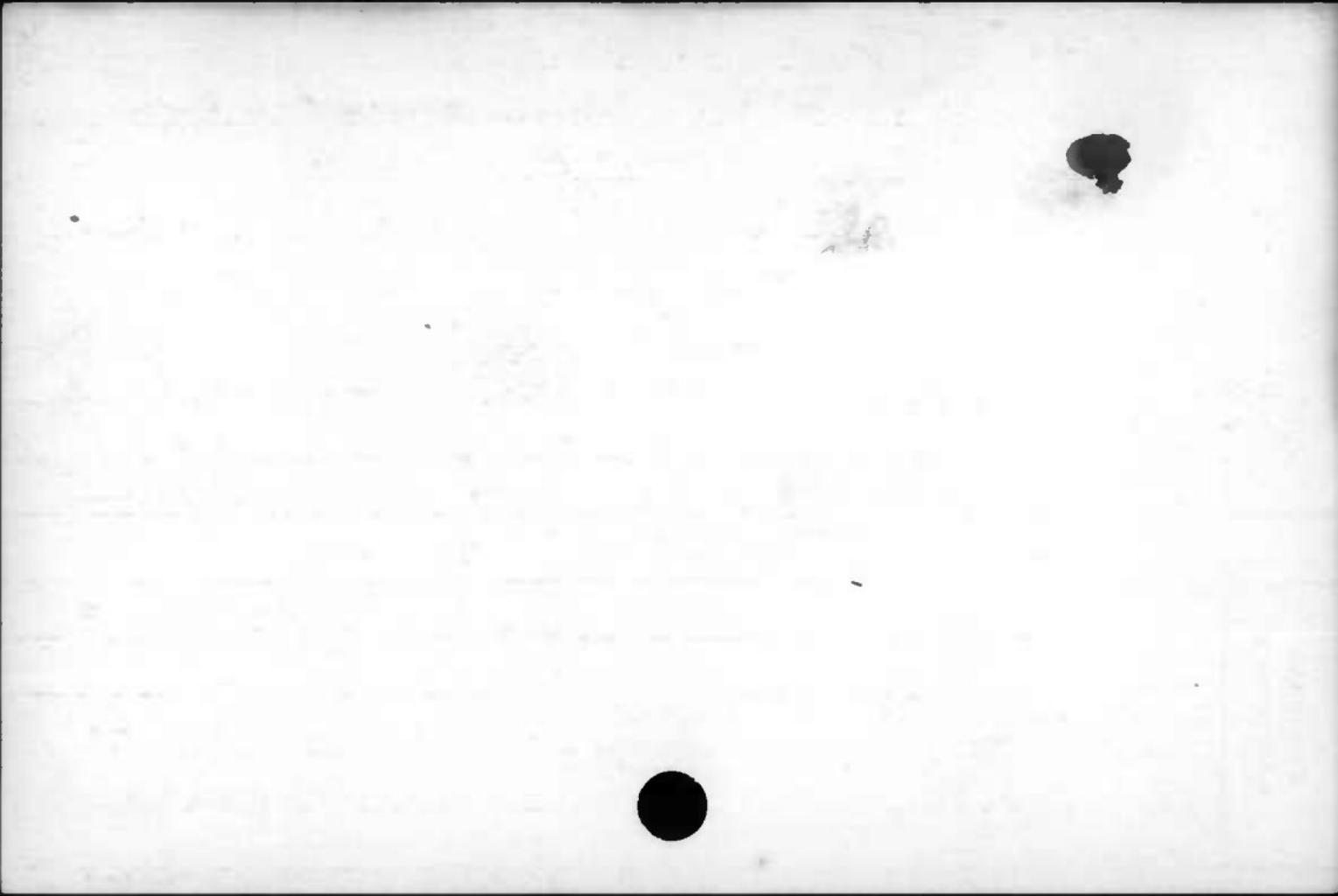
yes

Signature of Physician

Address

Ralf. Wadding D.D.  
Centreville Md

Accident or Suicide?



Name  
in  
Full

Howard E Whitcraft

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Sep	25	24	8		
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Clerk		Where Residing if not at place of death	1302 W Lexington St		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Frank P Whitcraft		Father's Birthplace	Baltimore		
Mother's Maiden Name	Sallie M. Keay		Mother's Birthplace	Baltimore		
Name of person giving Information	Frank P. Whitcraft		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

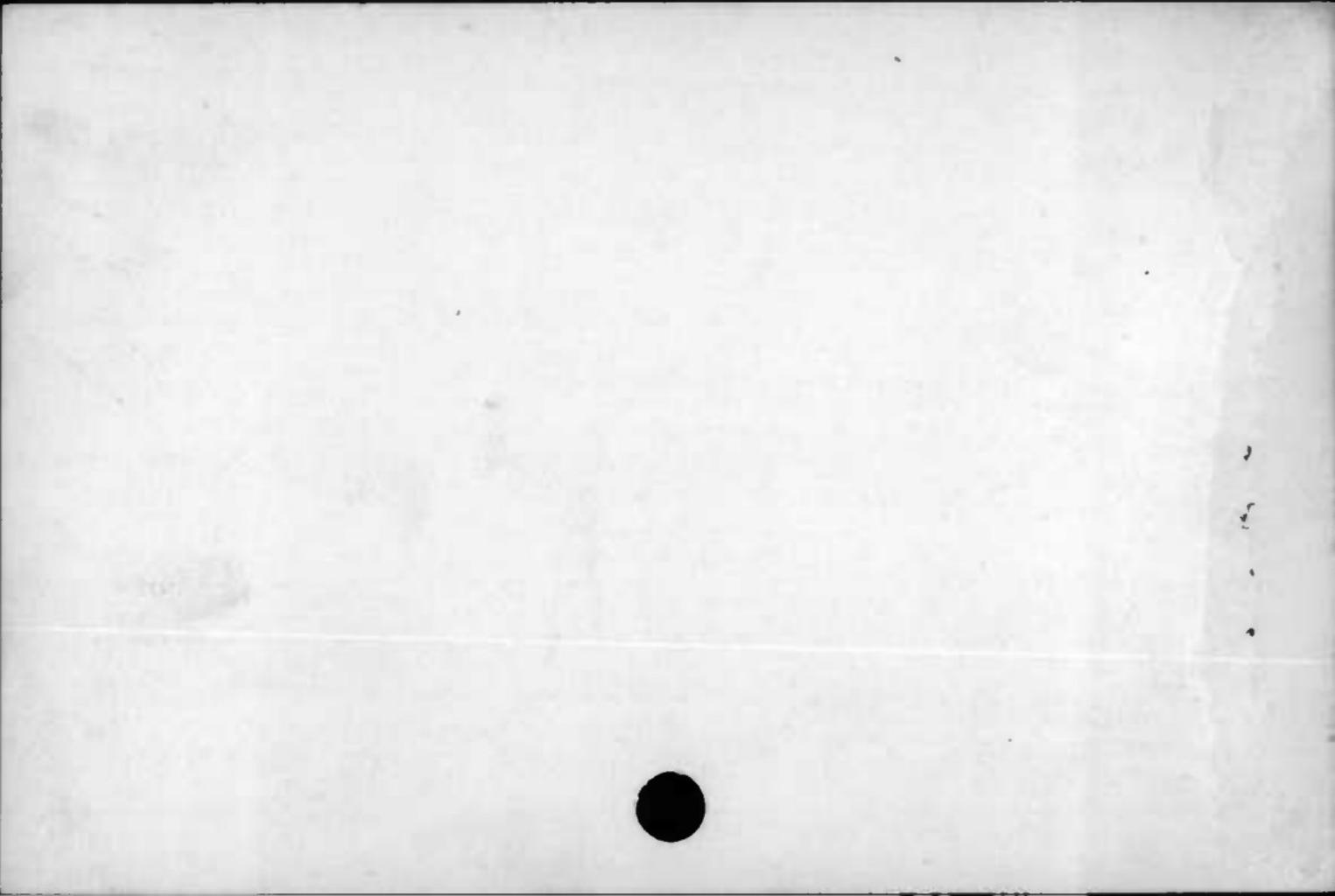
Robt G Cook

Address

Steenville  
Md

Accident

Accident or Suicide?



Name  
in  
Full

Sharper Woodland

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Burrieville	own	County	Tower Anne's	MARYLAND
Date of death	1905	Month 9	Day 10	Age 74	Years — Months — Days —
Sex	male	Color or Race	Negro	Birth-place	md
Occupation	Laborer	Where Residing if not at place of death —			
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary Johnson		
Father's Name	Abraham Woodland			Father's Birthplace	East - New
Mother's Maiden Name	Mary			Mother's Birthplace	"
Name of person giving information	John Woodland			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Arterio-Sclerosis		How long	Don't know
Immediate	Cerebral Hemorrhage		How long	Ten days
Are the name, age, sex, color, date and place correctly given above?	Don't know	Signature of Physician	Address	Jas Bordley M.D. Burrieville Md.
Accident or Suicide?				

